

DPHHS LETTERHEAD/OBPP LETTER HEAD

Presentation to the 2009 Health and Human Services Joint Appropriation Subcommittee

DIVISION OR SUBPROGRAM OR PROGRAM NAME

Insert Division Name if Subprogram or Program is Presented
Department of Public Health and Human Services
Legislative Fiscal Division Budget Analysis, Volume 4, Page B-x

CONTACT INFORMATION

This is a list of primary contact information for the division.
(Include name, title, phone number, and e-mail)

FUNDING AND FTE INFORMATION

((Insert a table that shows by fiscal year FTE, general fund, state special revenue, and federal special funds. Please show costs – develop recommendation for Chair Henry after consultation with DPHHS staff. Perhaps a biennium to biennium comparison based on the table produced from MBARS.))

2007 Biennium Compared to 2009 Biennium Appropriation Senior and Long Term Care Division					
Budget Item/Fund	2007 Biennium	2009 Biennium	Percent of Total	Difference	Percent of Change
FTE	193.44	202.74		9.30	
Personal Services	\$16,642,196	\$20,103,660	3.9%	\$3,461,464	5.1%
Operating	11,851,500	14,322,119	2.8%	2,470,619	3.6%
Equipment	169,201	240,330	0.0%	71,129	0.1%
Grants	14,525,132	17,304,962	3.4%	2,779,830	4.1%
Benefits/Claims*	404,308,203	463,356,662	89.9%	59,048,459	87.1%
Debt Service	25,653	25,812	0.0%	159	0.0%
Total Costs	<u>\$447,521,885</u>	<u>\$515,353,545</u>	<u>100.0%</u>	<u>\$67,831,660</u>	<u>100.0%</u>
General Fund*	\$93,727,883	\$111,049,252	21.5%	\$17,321,369	25.5%
State Special	47,251,234	67,281,896	13.1%	20,030,662	29.5%
Federal Funds	306,542,768	337,022,397	65.4%	30,479,629	44.9%
Total Funds	<u>\$447,521,885</u>	<u>\$515,353,545</u>	<u>100.0%</u>	<u>\$67,831,660</u>	<u>100.0%</u>
Percent Increase		15.2%			
*General fund appropriations in the 2007 biennium include a reduction of \$1,531,366, which is the amount that was transferred to offset other program deficits.					

SUMMARY OF MAJOR FUNCTIONS

Bullet list with program/function names; limit number of bullets

- Nursing Medicaid Services

- Low Income Energy Assistance and Weatherization
- Public Health and Environmental Laboratories
- Montana State Hospital
- Departmentwide Legal, Personnel, Budget Services

GOALS AND OBJECTIVES

List 2009 goals and objectives and note performance achieved.

1. Support Montanans in their desire to stay in their own homes or live in smaller community based residential settings for as long as possible.
 - a) Maintain or reduce the percentage of nursing facility residents under age 65 by targeting at least 25 individuals each biennium who are under age 65 for transition to community placements with money follows the person funding.
In progress – SLTC has transitioned 18 individuals under 65 from nursing home to community placements as of October 2008.
 - b) Currently 94.8 percent of all Montanans age 65 or older live in community settings, compared to 94.6 percent in 2007.
Met
 - c) In FY 2007, 27% of the SLTCD budget funded community service programs compared to 25% in 2006. FY 2008 info is not complete as of this date for all of the programs that support this benchmark.
Met
 - d) In FY 2008 2106 individuals were served under the HCBS waiver in 1697 slots as compared to 2019 individuals served in SFY 2007.
Met
2. Montana State Hospital - Maintain a rate of seclusion intervention use at or less than the national average for state psychiatric hospitals.
 - e) Met - The MSH rate for seclusion in FY 07 - .21 hours per 1000 inpatient hours; National average is .39 per 1000 patient hours.
3. Montana State Hospital – Maintain a skilled workforce.
 - f) 90 percent of the scheduled shifts for Registered Nurses will be filled.
In progress - The hospital remains short of that goal. For the pay period that ended 4/11/08, 75 percent of the shifts were filled with RNs (the highest level in the previous 6 months). The 75 percent level includes both employees and contracted nurses. The salaries for RNs were increased around the first of the year and that has been helpful in retaining staff. Further consideration of more flexibility in offering pay incentives and benefit packages is ongoing.

GOALS AND OBJECTIVES

The following figure shows program goals and objectives for the 2011 biennium. These are goals funded through the base budget. An estimate of the percentage of the biennial base budget supporting each goal is shown below as are the current status of the measurements. (If different measures will be used for FY 2010 and FY 2011, list separately by year.)

Department of Public Health and Human Services Division/Program Name			
Goals and Objectives for the 2011 Biennium			
Goal	Estimated Percent of Annual Request	Measures	Current Status of Measures (Baseline)
Support Montanans in their desire to stay in their own homes or live in smaller community based residential settings for as long as possible.		a) Maintain or reduce the percentage of nursing facility residents under age 65. c) Increase the percentage of the SLTC budget that funds community services.	13.6% as of (date) 27% in FY 2007
Develop and support a community-based system of (mental health) care for adults that is recovery focused and consumer-driven.		Implement reporting of recovery markers in two mental health centers in FY2008 and three additional mental health centers in FY 2009. Establish baseline functional level for clients receiving case management, measure change over time, and report findings. By 2009, develop fidelity measures for dialectical behavior therapy, strength-based case management, and co-occurring capability By 2008, develop standard reporting formats to gather data on mental health services	

DECISION PACKAGES/SIGNIFICANT ISSUES EXPANDED

A complete list of specific decision packages is included in the Legislative Fiscal Division 2011 Biennium Budget Analysis. Overall what budget and policy issues themes is the program addressing with its budget request? ((List any decision packages of particular importance or concern if the division believes an expanded discussion is needed. If the expanded justification for a particular decision package changes substantially compared to the justification printed in the LFD budget analysis, include the revised expanded justification.))

Intergovernmental Fund Transfer (IGT)/General Fund Replacement: Montana has had an IGT program, which provides additional financial support to at-risk nursing facilities by utilizing local county revenues as match in the Medicaid program since 2001. The 2003 Legislature utilized IGT state special revenue funding to replace general fund dollars in the base budget of the nursing facility program of approximately \$640,000 in each year of the biennium and an additional \$1,000,000 in each year of the biennium in the home based (personal assistance) base budget. There is a definite possibility that there will be counties that will decide to not participate in the "at risk" program once the state defines what allowable arrangements between counties and their affiliated facilities are. To the extent some of these counties do not participate, the ability to have the funds necessary to fund the base budget in the home based and nursing facility programs on an ongoing basis comes into question. Not only is the "at risk" payment program at risk of being reduced, but also so is the funding of the base budget in these programs. *New rules have recently been published in January 18th Federal Register that will limit the amount of funds that can be paid to certain providers under these types of payment plans. The Department is analyzing the impact of these new restrictions on the program and does not yet have an assessment of the impact to Montana.

SIGNIFICANT ISSUES

What issues may present obstacles or challenges to ensuring achievement of the performance measurements for the goals outlined above?

1. _____ (Add explanation as deemed appropriate by the program.)
2. _____

FTE

The legislative approved appropriations for an additional xx.xx FTE in the 2009 biennium. The following figure shows the positions and the hire dates for the new FTE.

FTE Title	FTE (#)	Date

AUDIT FINDINGS

Include information about Legislative Audit Division recommendations and corrective action plans or any significant findings in compliance or performance audits of division activities during the 2009 biennium. Explain how the program responded and if recommends are implemented.

The Adult Protective Services program had a Caseload Management Performance Audit (04P-09) performed by the Legislative Audit Division in September, 2004 that addressed workload/caseload issues. Auditors recommended improvements in managing caseload and staff workload by developing management action plans that address: 1) developing caseload/workload management policies and procedures; 2) establishing useful management reports to better manage caseloads; 3) defining criteria to close cases; 4) performing on-going management assessment to address problems and documenting successes.

The Adult Protective Services program has implemented all of the components of the corrective action plan. The program underwent a system wide review of its caseload/workload management processes and policies. Commencing on July 1, 2005, the program initiated a sophisticated web-based computer data system known as Operation Protect Montana (OPM) and simultaneously adopted policies and coordinated changes with the computer system. The program instituted comprehensive 2007 Biennium caseload tracking by social worker; workload or acuity (difficulty of case) tracking; comparisons of workload and caseload by social worker, region, county and state; developed comprehensive reporting on duration of open referrals and comparisons among social workers, county, region and state; computer driven criteria to close cases; improved on-going management assessment on referrals, intervention and resources by instituting social work accepted standards.

Include information about federal audit recommendations and associated corrective action plans in place during the 2009 biennium.

((This section would include information about the nationwide federal audit of child protective services and the recommendations and progress of Montana.))

DRAFT

Steinbeck, Lois

From: Steinbeck, Lois
Sent: Tuesday, January 13, 2009 2:01 PM
To: Dalton, Mary
Cc: Teresa Henry; Whiting Sorrell, Anna; Lamson, Laurie; Sim, Scott; Daumiller, Marilyn (LEG); Wilkinson, Kris
Subject: Follow up Questions for I-155

There are some follow up questions about Healthy Montana Kids implementation. Some of the questions relate to legislator's questions today and yesterday. Other questions became apparent after the additional program clarification was provided. Could you address these questions in the HRD budget presentation tomorrow (1/13)?

1. Will Healthy Montana Kids (HMK) be administered as a Medicaid expansion or will the department continue separate CHIP and Medicaid programs?
 - a. If HMK is administered as a Medicaid expansion, will the department continue the different service packages or adopt Medicaid services/reimbursement for all children?
 - b. What difference in average cost per child for CHIP and Medicaid, not including services for disabled children?
2. Provide the assumptions and work statistics, including cases per worker, for HMK to show:
 - a. Computation for 54.00 FTE (most labor intensive scenario)
 - b. Calculation for additional:
 - i. CHIP eligibility FTE
 - ii. Hearings officer FTE
 - iii. Attorney FTE
3. Provide the anticipated timeline by date for implementation of HMK showing the following milestones:
 - a. Submissions and type of submission to the Centers for Medicaid and Medicare Services (CMS) including expected final response date
 - b. Date of hire for FTE by type of position and number hired
 - c. Completion of information technology system enhancements
 - d. Estimated enrollment by month or quarter starting with month that enrollment will commence through the end of 2012
 - e. Transition of children from CHIP to Medicaid with beginning and end dates for anticipated duration of transition and number of children expected to transition from CHIP to Medicaid

I have a two other questions that relate to Medicaid and HRD services.

1. Can you provide a copy of the most recent communication with CMS about the HIFA waiver? If there is a great deal of information, the cover letter would suffice for now.
2. Could you provide a break out of funding in children's mental health that shows the amount in the 2011 biennium budget by fiscal year (FTE, personal services, operating costs, grants, and benefits) and detailed funding?

Lois Steinbeck

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